Critical Care Therapy and Respiratory Care Section

Category:	Clinical
Section:	Aerosol Therapy
Title:	Aerosolized Narcotics for Palliative Care
Policy #:	08
Revised:	3/01

1.0 DESCRIPTION

This procedure describes proper delivery of narcotics via aerosolization to a patient's lungs for relief of dyspnea associated with end stage Chronic Obstructive Pulmonary Disease (COPD), terminal lung cancer or other metastatic pulmonary disease. Ideally, delivery of narcotics via the aerosolization route creates a Type II effect in which ventilation remains unchanged but the feeling of breathlessness decreases.

2.0 INDICATIONS

2.1 Breathlessness due to terminal cancer or end stage chronic obstructive pulmonary disease.

3.0 PRECAUTIONS

3.1 Narcotics given by aerosolization may produce bronchospasm; therefore aerosolized morphine should not be administered without a bronchodilator immediately available.

3.2 Chronic use of aerosolized narcotics may cause:

3.2.1 Constipation

3.2.2 Nausea

3.2.3 Lethargy

4.0 EQUIPMENT

4.1 Small Volume Nebulizer

4.2 Gas Source

4.3 Flowmeter

4.4 Stethoscope

4.5 Pulse Oximeter

4.6 Prescribed medication

4.7 Bronchodilator

5.0 POLICY

5.1 Aerosolized narcotics can only be administered by credentialed and licensed respiratory care professionals.

6.0 PROCEDURE

6.1 Check MIS order for completeness.

6.2 Collect and assemble equipment.

6.3 Enter room, introduce self, check patient identification, and explain procedure.

6.4 Wash hands and observe universal precautions.

6.5 Position the patient into a sitting up, full Fowler's or semi-Fowler's position.

6.6 Assess the patient according to the CCTRCS Section Patient Assessment, Documentation and Communication of Patient Care Policy.

6.7 Remove the top of the nebulizer to allow the nurse to place the ordered narcotic into the nebulizer.

NOTE: The nurse obtains the drug from the pharmacy and places it into the nebulizer. CCTRCS personnel will be responsible for administering the aerosolized drug and determining therapeutic outcomes.

NOTE: It is not necessary for the nurse to be in the room during the aerosolization of the drug.

NOTE: Both the nurse and the respiratory therapist must document medication waste or spillage, in the medication pyxis. The respiratory therapist will serve as the "witness" in the documentation process.

6.8 Add 2.5cc of 0.9% NSS to narcotic in nebulizer cup.

6.9 Reassemble the nebulizer.

6.10 Connect the supply tubing to a gas source and set flow at 6 lpm for the duration of the treatment.

6.11 Instruct the patient to place their lips tightly around the mouthpiece and breathe in deeply, utilizing a breath hold at the end of inpiration. The patient should be instructed to exhale slowly following the breath hold.

6.12 Continuously monitor the patient for any adverse reactions to the treatment.

6.13 Treatment should be continued until all medication has been nebulized. If the patient becomes tired during treatment, turn off the gas source and allow the patient to rest a few minutes.

6.14 Assess the patient to determine therapeutic outcome. Obtain subjective responses from the patient to determine relief of breathlessness.

6.15 Disassemble and clean nebulizer after each use with sterile water. After thoroughly drying, place the device in a clean plastic bag at the patient's bedside.

6.16 Documentation in MIS should include the following:

6.16.1 Medication dose

6.16.2 Pulse rate pre/post treatment

6.16.3 Respiratory rate pre/post treatment

6.16.4 Breath sounds pre/post treatment

6.16.5 Gas source and liter flow

6.16.6 Cough/color/consistency of sputum

6.16.7 Patient response to therapy – objective and subjective, (refer 6.13)

6.16.8 Any adverse reaction and action taken

7.0 REFERENCES

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7.6 Doyle D, Hanks GWC, MacDonald N. Oxford textbook of palliative medicine: Oxford University Press: 1993:362-365.

7.7 Farncombe M, Chater S. Case studies outlining use of nebulized morphine for patients with end-stage chronic lung and cardiac disease: Journal of Pain and Symptom Management: 8.4: May 1993:221-225.

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7.10 Manning H. Dyspnea Treatment: Respiratory Care: November 2000: 45:1342-1349.

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(Orig. 11/00)